Wyoming's Strategic Prevention Framework State Incentive Grant

Community Strategic Planning Workbook



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Workbook is Also Available Online: http://spfsig.preved.org/news.php

Strategic Planning Contributors

List the names of people in your community, the organizations they represent, and the contributions they made to the development of the strategic plan in Table 1 below.

Table 1. Strategic Planning Contributors

Name	Organization	Contribution
Krista West	Own It- Peak Wellness Center	Coordination
Nancy Robinson	Tobacco Prevention	Input
Leo Preuit	Peak Wellness Center	Budget

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Introduction

Wyoming received the Strategic Prevention Framework State Incentive Grant (Prevention Framework) from the Federal Substance Abuse Mental Health Services Administration (SAMSHA) on September 30, 2004, along with 20 other states and territories.

The purpose of the project is to implement the five components of the SPF planning model at both state and community levels in Wyoming. The following diagram details this process (Center for Substance Abuse Prevention, 2005).

Policies,
Practices,
& Programs

Needs Assessment

Mobilize &
Build Capacity

Strategic
Plan

Figure 1. Five Steps of the Strategic Prevention Framework Process

At the state level, Wyoming has completed the needs assessment and funding allocation plan. Mobilization and capacity building take place throughout the project. Wyoming's needs assessment identified the targeted problem as the <u>misuse of alcohol</u> and its consequences, and Wyoming's allocation strategy funds all 23 counties and the Wind River Reservation as Prevention Framework (PF) community grantees.

Outcome-Based Prevention

The foundation of the PF process is the outcome-based prevention model (Lowther & Birckmayer, 2006).

Figure 2. PF Needs Assessment Logic Model



In this model a community details its substance-related consumption and consequence data, researches the causal areas that may impact these problems, and chooses evidence-based policies, practices, and programs to address the identified causal areas.

Purpose

The purpose of this workbook is to help PF funded communities go through the outcome-based prevention model. The current task is to develop a strategic plan. This means that grantees, and the community partnerships, must successfully select and implement evidence-based interventions. This workbook lays out the organizational structure of the Strategic Plan that is to be developed by each community. To be effective, you should not complete this workbook alone. Instead, you and your Community Advisory Council (CAC) should work together to complete this task.

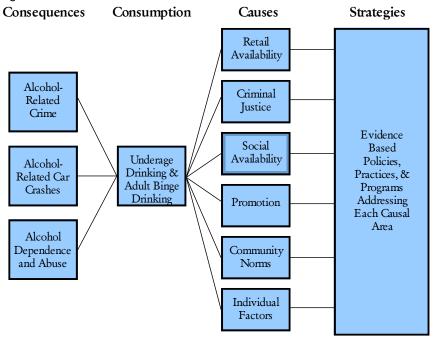
Keep in mind that Wyoming has already identified the targeted need for this project—the misuse of alcohol.

"Misuse of alcohol" means that:

- 1. The primary target for the PF is underage drinking, and adult binge drinking. Underage drinking refers to any use of alcohol by anyone under the age of 21, while adult binge drinking refers to those 18 years and older who have five of more drinks on any one occasion.
- 2. The secondary target for the PF is the most significant consequences of the misuse of alcohol in Wyoming: alcohol-related crime, alcohol-related motor vehicle crashes, and alcohol dependence and abuse.

Workbook Organization

Figure 3. Outcome-Based Prevention Model



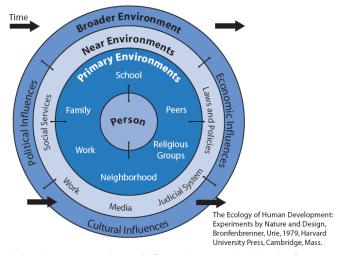
Developing a comprehensive strategic plan at the community level requires a vision for organizing specific prevention programs, policies, and practices to address substance abuse problems locally. A well-developed strategic plan will increase the likeliness of a strategy being implemented effectively.

The deadline for submitting your Community Strategic Plan is August 31, 2007. Two copies of the Community Strategic Plan should be submitted, one by mail and one electronically to:

Human Environmental Framework

Figure 4 illustrates the Human Environmental Framework, which shows that interventions can start in many different areas and will affect more than one environment. Strategies that focus on multiple factors and conditions will contribute to a more comprehensive prevention plan.

Figure 4. Human Environmental Framework



This figure depicts social environments or spheres of influence in concentric circles that flare outward, moving progressively away from direct influence on the individual toward increasingly indirect influence, and advancing over time. A comprehensive intervention plan should identify a mix or layering of interventions that target salient risk and protective factors in multiple contexts across the life span.

Evidence-based Prevention

States are required to follow certain guidelines in the policies, practices, and programs it selects in the Prevention Framework project. Every strategy implemented by the Prevention Framework must be evidence-based. This means that 100% of all strategies must be evidence-based.

Under the Prevention Framework project, evidence-based is defined as follows:

- 1. Inclusion in a Federal List or Registry of evidence-based interventions;
- 2. Being reported (with positive effects) in a peer-reviewed journal; OR
- 3. Documentation of effectiveness based on the following three guidelines:
 - The intervention is based on solid theory or theoretical perspective that has been validated by research;
 - The intervention is supported by a documented body of knowledge a converging of empirical evidence of effectiveness – generated from similar or related interventions tat indicate effectiveness; AND
 - The intervention is judged by a consensus among informed experts to be
 effective based on a combination of theory, research and practice
 experience. "Informed experts" may include key community prevention
 leaders, and elders or respected leaders within indigenous cultures.

Finding Strategies

The following is list of websites that may be used to find evidence-based strategies. This is not an all-inclusive list and may also include strategies that would not be relevant for your community:

- National Registry of Evidence-based Programs and Practices: http://www.nrepp.samhsa.gov/
- Office of Juvenile Justice and Delinquency Prevention: http://www.dsgonline.com/mpg2.5/mpg_index.htm
- CSAP's Centers for the Application of Prevention Technologies (CASAT): http://casat.unr.edu/bestpractices/search.php
- Alcohol Policy Information System: http://www.alcoholpolicy.niaaa.nih.gov/index.asp?SEC = {B4296FE1-6F35-4175-B85D-17D5A53EE062}&Type = NONE
- Leadership to Keep Children Alcohol Free: http://www.alcoholfreechildren.org/en/prevention/pubs.cfm
- National Highway Traffic Safety Administration (NHTSA):

 $\frac{\text{http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.3d62007aac5298598fcb}}{6010dba046a0/}$

Every participant has received a CD containing research articles and other publications that may be useful in developing your strategic plan.

Evidence-based Environmental Strategies

The following is a list of just a few of the evidence-based environmental strategies:

- Responsible beverage service
- Alcohol compliance checks
- Happy hour restrictions
- Reducing alcohol outlet density
- Limiting hours/days of retail sales
- Sobriety and traffic safety checkpoints
- Graduated drivers' license laws
- Social host laws
- Keg registration
- Restricting alcohol sales at public events
- Increasing taxes on sales of alcohol
- Dram shop liability

Choosing the Right Strategy for your Community

There are many factors to consider prior to choosing your strategies. Not all strategies will be effective in all communities.

All strategies must be based on data collected around each of the causal areas during your Needs Assessment. Please review your Needs Assessment Workbook.

One factor to consider is whether or not there is community support for the strategy. If the community does not support the strategy, it is unlikely that the strategy would bring about positive change if implemented.

It is also important to look at what laws are already in place and what laws may prevent certain strategies from being implemented. For example, sobriety checkpoints, shown to be evidence-based, are unlawful in Wyoming (Statute 7-17-101). For this reason, it would not make sense for a community to focus on this strategy.

Another factor to consider is which strategies show the greatest likelihood of showing positive results. There are many great strategies out there, but it is important to look at what the effect would be on the community as a whole.

Logic Model

Logic Model

The Centers for Disease Control and Prevention defines logic model as "a systematic and visual way to present the perceived relationships among the resources you have to operate the program, the activities you plan to do, and the changes or results you hope to achieve" (www.cdc.gov/tobacco/evaluation_manual/glossary.html).

The logic model found on page 11 should be completed by all communities as part of the Strategic Plan. It is important that you work with your coalition when developing this logic model. All communities will have an opportunity to practice developing a logic model.

Community Logic Model

What are the	What are the	What evidence-	What activities are	What activities are	What are you
consequence and	causal areas you	based strategies	going to take place in	going to take place in	going to do to
consumption	are going to focus	are you going to	Year 1 (October 2007	Year 2 (October 2008 -	evaluate your
areas you are	on (review your	use for each	- September 2008)?	September 2009)?	strategies?
going to focus on	answer to	causal area?			
(from Needs	Question 40 from				
Assessment)?	the Needs				
Include your goals	Assessment)?				
and objectives.					

We believe	We are going to	Keg registration	1.	Readiness	1.	Write	The coalition
driving while	target Social	or Event	ł	Survey		Ordinance	agrees to work
under the	Availability and	Restrictions,	2.	Info.	2.	continue info.	closely with
influence of a	Community	through a city/		Dissemination		Dissemination	WYSAC in
drug needs to be a	Norms.	County	3.	Engage Youth	3.	Engage family	developing
focus of both		Ordinance, for	4.	Family		and youth	evaluation
juveniles and		Social		Celebrations	4.	Letters to the	methods for our
adults for		Availability.	5.	Draft		Editor	county.
consequences.				Workshops			
For consumption,		For Community	6.	Share letters to			
our major		Norms: Social		the Editor			
concern is		Norms campaigns	7.	Movie Trailers			
underage binge		and Social					
drinking.		Marketing					
		campaigns.					

Community Norms Binge Drinking	Community Norms	Social Marketing Open Container Laws	 Be trained Form Focus Groups Plan Marketing Information Dissemination Meet with ELO and Law enforcement Meet with 	 Reevaluation of info being sent out. Meet with people; Town Hall Focus group to establish ordinance Bring ordinance
			Focus Groups 7. Info Dissemination	meetings

Organization of Strategic Plan

Form 1: Cover Sheet										
(Please place this as the top page for your application)										
County: Platte										
Name and title of primary contact: Krista West Phone: 307.322.1556										
Email (required): kwest@peakwellnesscenter.org Fax:307.322.8174										
Mailing Address: PO Box 1078 City: Wheatland Zip: 82201										
Shipping Address (if different):										
Total Funding Request for First Year Implementation: \$72,407										
Name, organization, address, phone, fax, email & tax identification number for the <u>Lead Agency</u> authorized to sign contracts.										
Peak Wellness Center Dr. David Birney, Director 2526 Seymour Avenue Cheyenne, WY 82003-1005 307.634.9653 307.638.8256 FAX Tax ID: 83-0199695 dbirney@peakwellnesscenter.org										
Certification: I certify to the best of my knowledge that the information contained in this community strategic plan is correct. I certify that the Community Advisory Council and/or Coalition was involved in the development of this community strategic plan. I have been authorized by the agency's governing body to assist with the development of this Strategic Plan.										
Signature of Primary ContactDate										
Signature of Fiscal Agent Date										

Form 2: Geographic Setting/Community Characteristics Limit 2 pages

Describe the geographic setting of the community.

- What are the geographic boundaries?
- What are the socio-economic issues relevant to the community?
- What are the characteristics of the community?
- Describe the target population you will be focusing on.

Platte County is one of about 3,141 counties and county equivalents in the United States. It has 2,084.9 sq. miles in land area and a population density of 4.1 per square mile. In the last three decades of the 1900s its population grew by 35.8%. On the 2000 census form, 98.7% of the population reported only one race, with 0.2% of these reporting African-American. The population of this county is 5.3% Hispanic (of any race). The average household size is 2.40 persons compared to an average family size of 2.92 persons.

In 2005 retail trade was the largest of 20 major sectors. It had an average wage per job of \$17,386. Per capita income grew by 27.0% between 1995 and 2005 (adjusted for inflation).

Our target population is 6^{th} -12 grade youth and young adults, both male and female and universal on race and socioeconomic status.

White	8,471	96.2	92.1	75.1
Black or African American	14	0.2	0.8	12.3
American Indian and Alaska native	44	0.5	2.3	0.9
Asian	15	0.2	0.6	3.6
Native Hawaiian and other Pacific islander	2	0.0	0.1	0.1
Some other race	149	1.7	2.5	5.5
Two or more races	112	1.3	1.8	2.4

Hispanic or Latino 465 5.3 6.4 12.5

Jurisdictions to be served by Platte County:

• Cities Wheatland, Guernsey, Chugwater, Glendo and

Hartville

• Counties Platte County

• School Districts Platte County School District 1 and 2

Total population included in the community described above: 8,807

Form 3: Coalition Involvement Limit 2 pages

Describe the coalition and its involvement in the implementation of the strategies.

- What are the coalition's vision and mission statements?
- What is the history and makeup of the coalition?

Platte County Prevention Council (PC²) began in 2002 when gathering to assess Platte County for the 21st Century State Incentive Grant. PC2 was first call CSAP. In developing Platte County's effective comprehensive community prevention plan, the Platte County Coalition for Substance Abuse (CSAP) was formed. Coalition members attended planning workshops and Best Practice trainings. Platte County School District 1 and 2 conducted State of Wyoming Department of Health, Substance Abuse Division "Prevention Needs Assessments". The coalition has grown and changed it's name to PC² in able to include prevention efforts for not only ATOD use, but for high risk behaviors also. The coalition has been key in completing the Community Needs Assessment Workbook in 2007. We have been working together for the last two years sharing our successes and hurdles and discussing future needs. We have meet with community leaders, youth, parents, seniors, school board members, mental health works and social service providers to establish a Strategic Plan. We are a coalition working actively with the Healthy Communities Grant, Tobacco Prevention, Safe and Drug Free Schools, Sheriff's Department Grants, Meth Initiative, Block Grant and 21st CCLC grants. PC2 is actively pursuing becoming a 501c3 and work to actively recruit new members. The coalition is made up of both active and non-active members. The non-active members receive regular updates and minutes while the active members meet monthly to share resources and work to prevention ATOD and high risk behaviors in Platte County.

PC2 has been established to provide over-site and direction for grant implementations. It is composed of community members representing diverse segments of the community. Members will serve for a minimum of 3 years. Regularly scheduled meetings at the local Peak Wellness Center office will be held; members will receive meeting notices a week in advance and be informed and up-to-date on activities affecting the Prevention Framework Project. PC2 members will provide over-site, input and maintain ownership of the comprehensive strategic plan. They will assist in developing strategies to sustain programs and efforts beyond the term of the grant and will assist in program evaluation and monitoring. The Council will bring their individual expertise, experience and resources to the council and help to oversee the project in that it's goals are being met accurately and ethically.

Goals: To increase positive academic/community engagement thereby addressing the behaviors of young people leading to substance use and inappropriate behaviors. In addition, the goal is to increase communication and bonding between parents and

children. Encouraging families to communicate and be more involved in each other's lives would foster higher self-esteem in youth and aide in their ability to have better refusal skills and more success in schools.

Mission: To reduce ATOD use by minors and other high-risk behaviors through community collaboration.

Vision: To effectively and efficiently work with community partners in reducing ATOD use and or abuse and other high-risk behaviors.

Form 4: Consequence & Consumption Areas

Limit 2 pages

Describe the alcohol-related consequence and consumption areas your community will be focusing on. Refer to Questions 5 and 9 from the Needs Assessment Workbook.

- Consequence areas could include alcohol-related crime, alcohol-related car crashes, and/or alcohol dependence and abuse.
- Consumption areas could include underage drinking or adult binge drinking.

Platte County appears to have higher than average percentages for youth drinking and driving, vehicle crashes involving alcohol, and the highest percentage of alcohol dependence in the state, alcohol related fatalities and fatal car crashes. Finally alcohol related crimes in Platte County are higher that the State's average when considering adults driving under the influence. We also show higher than State rates with some juveniles driving under the influence. We believe driving under the influence of a drug needs to be a focus for both juveniles and adults.

Although adults are reporting to having binged or drank heavily in the last 30 days, there are more 6th-12th grade students binging by 43% more than the adults. Platte County also should be looking at changing the community norms in the perspective of youth and what "normal" drinking is. It should also be told that a small percentage of adults have reported high consumption rates. Thus our major concern is Platte County's problem with underage binge drinking.

Form 5: Intervening Variables/Causal Areas Limit 2 pages

Describe the intervening variables/causal areas of substance use in the community.

- How did you respond to Question 40 in the Needs Assessment Workbook?
- Why are you focusing on these areas? Justify your reason.

We are going to target Social Availability and Community norms due to the fact that they were the first two prioritized out of six Casual Areas. In working on these areas, we will be addressing some individual factors also, but resources are in place to target individual factors already. It is agreed that our youth are not getting alcohol from retail establishments, but from their homes or older friends. We believe that our risks may be higher because opinions of credible individuals feel that approximately 80% of alcohol related incidents may go undetected. In working on community norms, criminal justice issues may also be affected.

According to our consumption data, there are more 6th-12th grade students binging by 43% more than the adults. The community norms in the perspective of youth and what "normal" drinking is was shown as a concern, along with the fact that it appears to be normal for youth to get their alcohol from adults by a rate of 73.3%. Our consequence data revealed Platte County as having higher percentage of alcohol dependence in the state, alcohol related fatalities and fatal car crashes. Finally, alcohol related crimes in Platte County are higher than the State's average when considering adults driving under the influence. We believe driving under the influence should also be a focus for both juveniles and adults.

Form 6: Community Resources Limit 2 pages

Describe the current community resources available to address the targeted substance use issues in the community.

• What were the results of the Community Resource Assessment (Table 51 from the Needs Assessment Workbook)?

Our current community resources include the Court, Department of Family Services, Peak Wellness Center, City Council, Own It, Safe and Drug Free Schools (DARE), Law Enforcement, National Guard and Meth Initiative.

All of the Causal Areas, minus Retail Availability, have strategies and resources set up in Platte County. Strategies for Individual Factors and Criminal Justice are strong. We recognize this may change quickly, but at this time strategies are in place. Social Availability, Promotion and Community Norms have few strategies in place, but these resources are new or are selective to school-age families.

Form 7: Strategies No page limit

Describe the community-based strategies to be used to address the targeted substance use issues in the community.

- How are the selected strategies appropriate? Justify your selection.
- How will the selected strategies address the consequences, consumption, and intervening variables identified?
- How are the strategies evidence-based? Provide verification that they are indeed
 evidence-based.

Community Trials Intervention to Reduce High-Risk Drinking (RHRD Trials) is a multi-component, community-based program developed to alter alcohol use patterns of people of all ages (e.g., drinking and driving, underage drinking, acute [binge] drinking).

The program uses a set of environmental interventions including:

- Community awareness
- Responsible beverage service (RBS)
- Preventing underage alcohol access
- Enforcement
- Community mobilization

Its aim is to help communities reduce various types of alcohol-related accidents, violence, and resulting injuries.

The RHRD Trial was developed for use in community-based intervention sites, which can vary greatly from community to community. The program needs a location to organize, collect and distribute data and information, hold community meetings, conduct community or targeted trainings and outreach, etc. These functions can be situated within a church, community center, civic organization or public building.

The RHRD Trial was listed on the SAMHSA Model Programs web site. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

http://modelprograms.samhsa.gov/pdfs/model/Community%20Trials.pdf

Form 8: Community Readiness & Experience Limit 2 pages

Describe the community's readiness to address the identified issue(s) and strategies.

• How has the community's readiness been assessed?

The community was assessed through phone surveys, interviews, emails and the previous 21st Century State Incentive Grant.

Describe examples of prior community experience, successes, and barriers with this

- What has been tried before?
- What has worked?
- What have been the struggles?
- What is different now?

We have tried an All Stars Youth program through the middles school, Creating Lasting Family Connections, a Juvenile Diversion Program, and local Elected Officials. The All Stars is youth empowering and has been a very good program for middle school and has helped to engage parents. Newspaper ads were run bimonthly and these were noticed and read on a regular basis regarding alcohol issues. The Juvenile Diversion was also successful in having a strong advisory board and positive youth involvement. There was "buy in" from the courts, but the money and employees ran out. The location was also not ideal. Our local Elected Officials have also been known to give restrictions on liquor licenses such as time limits at fair and locations. Elected officials are taking small steps to make alcohol awareness and prevention impacts on the community, but some of them are ready. The schools have also created mentoring programs within their District that are growing and beginning to make impacts along with strengthening leadership skills both in the middle and high school levels. The Creating Lasting Family Connections was tried for three years and was tried using different locations and lengths of time commitments, but there was no success with regards to the parents. Youth found the programs to be engaging, but the adults would not make the time commitment.

Now we have a stronger and more effective court system and a growing juvenile treatment program through Peak Wellness Center. Platte County is also seeing more agencies trying to get involved and take the initiative to help with the issues of alcohol and other drugs in our county.

Form 9a: Activities & Outcomes No page limit

Describe the coalition's planned activities for Year 1 implementation and Year 2 implementation to address the strategies.

• Include a timeline specific to the coalition's project (see Forms 9b and 9c).

In the first year we will be working with a trainer through the Community Trials Intervention to Reduce High-Risk Drinking and following a detailed plan to alter alcohol use patterns of people. We will aim to help our community reduce various types of alcohol-related accidents, violence, and resulting injuries. This will happen by spending the first year gathering people in town hall meetings and focus groups to discuss the outcomes of the assessment and the strategic plan. We will be disseminating information and getting feedback for proposing local ordinances. The newspaper will be a great tool for having letters to the editor printed and press releases. By the second year, we will be having workshops to write ordinances and presenting them to the local town officials.

Describe the associated short-term and long-term outcomes expected.

Short-term: 1-2 yearsLong-term: 3-5 years

Short Term Benefits 1-2 years include:

- DECREASES IN SUBSTANCE ABUSE, REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS
- DECREASES IN SUBSTANCE USE

5% decline in self-reported amounts of alcohol consumed per drinking occasion. 25% decrease in self-reported "having had too much to drink."

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

25% decline in self-reported driving when "over the legal limit" in the intervention communities relative to the comparison communities.

5% reduction in nighttime injury crashes.

3% reduction in crashes in which the driver had been drinking.

Long Term Benefits include 3-5 years:

- Decreased alcohol sales to youth
- Increased enforcement of DUI laws
- Implementation and enforcement of RBS policies
- Adoption of policies limiting the dense placement of alcohol-selling establishments
- Increased coverage of alcohol-related issues in local news media
- Reductions in intentional and unintentional alcohol-related injuries (i.e., car and household accidents, assaults)

- Mobilization of community members and key policy makers
- Decreased formal and informal youth access to alcohol
- Responsible alcohol beverage service and sales policies

Form 9b: Time Line (Year 1) Limit 2 pages

Applicant Agency:

List the key activities, which will be conducted during the year. Be sure to include the anticipated start-up dates for each of the strategies to be funded under this grant. Activities listed are samples. Dates may be changed by the Division.

Activities	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08
Contractual report and	07	07	07	U8	08	08	U8	08	U8	08	08	08
expenditure report:												
January 2008, April				X			X			X		
2008, July 2008,												
October 2008												
Statewide Prevention												X
Framework Meeting												
Community Advisory	X	X	X	X	X	X	X	X	X	X	X	X
Council Meetings												
Monthly Follow-up meetings with RHRD				Х	Х	Х	Х	Х	X	Х	X	Х
Training with RHRD		Х										
trainer		^										

Form 9c: Time Line (Year 2) Limit 2 pages

Applicant Agency:

List the key activities, which will be conducted during the year. Be sure to include the anticipated start-up dates for each of the strategies to be funded under this grant. Activities listed are examples. Dates may be changed by the Division.

Activities	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09
Contractual report and expenditure report: January 2009, April 2009, July 2009, October 2009	X			X			X			X		
Statewide Prevention Framework Meeting												
Community Advisory Council Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Follow Through with RHRD recommendations	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х

Form 10: Budget Limit 2 pages

Page 24 contains a sample budget form that will be used for all communities. Also include a detailed budget narrative explaining your proposed expenditures. Please keep all categories the same. Any category not listed may be added.

Our proposed expenditures include salary costs for the coordinator working.75 FTE and the Fiscal Agent at a standard \$6000 for the grant. Salary and benefits for the coordinator are \$27193. The supporting services include internet, telephone and rent at a year rate for \$5100. Training and travel will include attending mandatory in-state trainings for staff and some coalition members. Also, one out-of-state training is allocated. There is \$7000 set aside to bring in a trainer for the Community Trials Intervention to Reduce High Risk Drinking. This trainer will be able to train the entire coalition and have monthly phone conferences for follow-up. There has been \$1400 set aside for print and copy due to the nature of social marketing and estimating where costs will be needed. Research was also done in the way of social norms and purchasing \$3000 worth of Response Pad Systems like the EInstruction CPS. The \$9412 is contractual services for WYSAC and Technical Assistance. Finally, the Media cost is \$6332 because we are working to change social norms and the media will be an integral part of that with the help of the radio and newspapers. Indirect costs are the liability cost associated with Peak Wellness Center.

State Contract Quarterly Invoice for Wyoming SPF SIG

Substance Abuse Division

SUBMIT TO:

EXPENDITURES FOR QUARTER AND YEAR

Field Code Changed

	Substance Abuse Division Wyoming SPF SIG		The state of the s		
	6101 Yellowstone Road – Suite 2 Cheyenne WY 82002-0480	20	(Due On 15" of t	he month for preceding	quarter.)
C	ost Description	Rudgeted Amount	Current Month Exp	Year to Date Expenditures	Exp
P)	ERSONAL SERVICES				
	Salaries & Wages	<u>1</u> 25800 <u>6506</u>			
	Employer Paid Benefits	7393 4710			
	<u>Fiscal</u>	6000			
St	UPPORTING SERVICES				
	Internet Service	100			
┈	Telephone/Cell Phone	1000 400			
-	Occupancy	40002131			
	RAVEL/TRAINING/MEETINGS	12000			
l I⊨	Travel In-State	12900			
	Travel Out-of-State	3000 5000			
.	Training Fees	7000 1000 2000			
۱ <u> </u>	Miscellaneous Meeting Expenses	10002000			
St	UPPLIES (C. 11)				
·⊩	Ottice (Consumable)	200			
l ⊩	Postage	300 <u>1000</u>			
177	Copy/printing QUIPMENT	1400			
E	Maintenance	2000			
	Rental	3000 1000			
	RANTS-IN-AID	1000			
a	ONATIONS- CITY, COUNTY,				
	THER INCOME				
-		1			
	ONTRACTUAL SERVICES: Attach				
do	ocumentation to include: Subcontractor Name,				
Ti	tle, Contact Person for services	9412			
W	ysac- \$3620.35				
W/	YPac- \$5792				
	ISCELLANEOUS COSTS				
	. Media	6332			
	Indirect	1470 8016			
	Background Check	100			
	TOTAL	72407 72407			

LOCAL AGENCY NAME and ADDRESS: Peak Wellness Center - Own It! PO Bo 1078, Wheatland, WY 82201

NAME and TITLE OF REPORTING OFFICIAL: Krista West, Prevention Specialist/Coordinator

TELEPHONE NUMBER OF LOCAL AGENCY:

Phone: 307-322-1556 Fax: 307-322-8174 E-Mail: kwest@peakwellnesscenter.org

I certify that the expenditures reported above have been funded totally with funds awarded by the Wyoming Department of Health.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

Form 11: Community Infrastructure Limit 2 pages

Describe how the project will enhance the community's prevention infrastructure. Describe how it creates or improves upon:

- Coordinated efforts
- Organizational structures
- Planning
- Data systems
- Workforce development
- Evidence-based practices
- Cultural competence
- Evaluation and monitoring
- Sustainability

The Community Trials Project will enhance coordinated efforts by actively involving several entities to work together on the strategic plan, plus they will be trained in the Community Trials Intervention to Reduce High-Risk Drinking. Organization structures will be enhanced to help the Community Trials Project run more effectively and smoothly. There will be a coalition with partners taking on specific aspects of the intervention. The PC2 will be working with a trainer with the Community Trials Project that will assist in planning the steps our community will take to best work on social availability and community norms issues. The trainer will also provide data systems and suggestions where we can get our own data. The Platte County community will also find that keeping certain data will be necessary and that collection will become possibly inevitable. Wheatland's Workforce Development has been a strong partner in the past and will continue to assist in the Community Trials Project when we need there expertise. Evidence-based practices are not new to Platte County, but they are new when working with environmental strategies and not programs. We will use Tobacco Prevention's experiences to help in this transition. Cultural competence is not a strong problem in Platte County, but it is an issue that has not been discussed a lot and we believe the SPF-SIG will encourage more conversation and positive actions in regards to cultural competence and making sure we incorporate these safeguards in our mission statement. PC2 will continue working with WYSAC on evaluation and monitoring of the grants including the SPF-SIG and the Community Trials Project. This has not changed. Sustainability will be enhanced with the Project and the proposed ordinances and policy changes. The belief is that environmental changes are longer and more effective to a community, as a whole. Consequently, sustainability will be stronger.

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Form 12: Cultural Competency Limit 2 pages

Describe how the project will ensure that planned activities and processes are culturally competent?

- What steps and procedures will be implemented?
- How will cultural competency be assessed?

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (Davis, 1997 referring to health outcomes).

The Platte County Prevention Coalition, PC2, will use an evidence –based program to ensure success and effective implementation of community wide mobilization. We will ensure that it is universal in nature and that all needs and people are accounted for and are brought to the table.

We will work with WYSAC to help that our assessment tool is culturally competent.

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Form 13: Sustainability Limit 2 pages

Describe how the coalition will ensure that efforts are sustained after the project ends.

We look to build sustainability through passing local policy and ordinances regarding alcohol changes. PC2 will continue to write grants to the State and Foundations along with working to form a 501c3 within the PC2 coalition. The belief in the coalition becoming a 501c3 is the ability for it to support itself and have ownership in the process of community interventions. PC2 will continue to grow it's membership and work within it's own policy and by-laws. We will work with other coalitions to build resources rather than work apart from one another.

Form 14: Evaluation Limit 1 page

Describe how the coalition will evaluate the activities and outcomes of the project. Evaluations will be conducted in collaboration with Prevention Framework evaluators at the Wyoming Survey & Analysis Center (WYSAC). All you need to include is the fact that you agree to work with WYSAC on the evaluation of all strategies.

I agree to participate in the ongoing monitoring evaluation of all SPF-SIG related programs and processes, in collaboration with WYSAC.